

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
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50						
TOTAL IND.	4					
TOTAL DEP.	29	→	→	→		
TOTAL CLAIMS	33	SEARCHED	EXAMINED	MAILED		

	IND		DEP		IND		DEP		IND		DEP	
	51	52	53	54	55	56	57	58	59	60	61	62
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100												
TOTAL IND.												
TOTAL DEP.		→	→	→								
TOTAL CLAIMS	33	SEARCHED	EXAMINED	MAILED								